

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF STATE
PUERTO RICO
14 APR 14 PM 4:10
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Brian D. Goldberg for U.S. Senate

ADDRESS (number and street)

P.O. Box 356

Check if different
than previously
reported. (ACC)

Livingston

NJ

07039

2. FEC IDENTIFICATION NUMBER ▼

C C00558874

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NJ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2014M M / D D / Y Y Y Y Y Y
01 01 2014M M / D D / Y Y Y Y Y Y
01 01 2014

through

M M / D D / Y Y Y Y Y Y
03 31 2014M M / D D / Y Y Y Y Y Y
03 31 2014M M / D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel E Beckelman

Signature of Treasurer Daniel E Beckelman

Date

M M / D D / Y Y Y Y Y Y
04 09 2014M M / D D / Y Y Y Y Y Y
04 09 2014M M / D D / Y Y Y Y Y Y
04 09 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)